

10/523800

Rec'd PCT/PTO 03 NOV 2005

**DECLARATION (37 C.F.R. § 1.63)
FOR UTILITY OR DESIGN
PATENT APPLICATION USING
APPLICATION DATA SHEET
(37 C.F.R. § 1.76) AND
POWER OF ATTORNEY**

Attorney Docket No.	COCH-0139-US1
First Inventor Name	GIBSON, Peter
Complete If Known	
Serial Number	10/523,800
Filing Date	02-09-05
Examiner	To be assigned
Art Unit	To be assigned
<input type="checkbox"/> Declaration submitted with initial filing <input checked="" type="checkbox"/> Declaration submitted after initial filing with surcharge 37 C.F.R. § 1.16(e)	

As the below named inventor(s), I declare that my citizenship is stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

FIXATION SYSTEM FOR AN IMPLANTABLE MEDICAL DEVICE

the specification of which (check one):

- is attached hereto; or
 was filed on _____ as U.S. Application Serial No. or International Application (PCT) No. 10/523,800, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

POWER OF ATTORNEY: I hereby appoint as my/our attorneys all the practitioners associated with Customer Number: **22506** with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office. Please send all correspondence to the address associated with Customer Number: 22506; and direct all telephone calls to: Ajay Jagtiani, 703-591-2664.

The undersigned hereby authorizes Jagtiani + Guttag (Customer No.: 22506) to accept and exclusively follow instructions from Cochlear Limited as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between Jagtiani + Guttag and the undersigned. In the event of a change in the persons from whom instructions may be taken, Jagtiani + Guttag will be so notified in writing by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine, or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR(S)	
Sole or First Inventor:	GIBSON, Peter
Signature:	<u>Peter</u>
Citizen of:	Australia
Date:	<u>1 May 2005</u>
Joint Inventor, if any: JOHANSEN, Lars Vendelbo	
Signature: _____	
Citizen of:	Denmark
Date:	_____
Joint Inventor, if any: _____	
Signature: _____	
Citizen of:	_____
Date:	_____
Joint Inventor, if any: _____	
Signature: _____	
Citizen of:	_____
Date:	_____
<input type="checkbox"/> Additional inventors are being named on additional page(s) attached hereto.	

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FULL NAME OF INVENTOR(S)

Sole or First Inventor: GIBSON, Peter Citizen of: Australia

Signature:  Date _____

Joint Inventor, if any: JOHANSEN, Lars Vendelbo Citizen of: Denmark

Signature:  Date Y 080305

Joint Inventor, if any: _____ Citizen of: _____

Signature: _____ Date _____

Joint Inventor, if any: _____ Citizen of: _____

Signature: _____ Date _____

Additional inventors are being named on _____ additional page(s) attached hereto.

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